

# God's Garden Preschool

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## FAMILY RECORD

*The personal information in this record is confidential and will only be shared with the child's teacher and/or director.*

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent Names \_\_\_\_\_

Child lives with: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_

Child's brothers Name(s): \_\_\_\_\_

Ages: \_\_\_\_\_

Child's sister's name(s): \_\_\_\_\_

Ages: \_\_\_\_\_

Does your child attend another school or is he/she taken care of by another individual other than parents? If so, where or who? \_\_\_\_\_

Does your child have his/her own bedroom? \_\_\_\_\_

If no who shares? \_\_\_\_\_

Does your child sleep through the night? How many hours? \_\_\_\_\_

What is your child's bedtime? Wake up time? \_\_\_\_\_

Does your child nap? What time is nap (typically)? \_\_\_\_\_

Normally, how long is the nap? \_\_\_\_\_

What is your child's typical routine for naptime? \_\_\_\_\_

Do you do anything to help your child fall asleep? \_\_\_\_\_

Does your child sleep with a comfort item? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ If "no" has it been started? \_\_\_\_\_

Any special words used by the child to express the need to go potty? \_\_\_\_\_

Does your child have any special fears? If so please list: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs? If so, please list: \_\_\_\_\_

\_\_\_\_\_

Describe your child's appetite: \_\_\_\_\_

Please list any special feeding instructions: \_\_\_\_\_

Favorite snacks are: \_\_\_\_\_

What are your child's dominant play interests?

Indoors: \_\_\_\_\_

Outdoors: \_\_\_\_\_

Screen time (TV, IPAD, Smart Phone): \_\_\_\_\_

What limit do you place on that viewing? (Time, programming, and games) \_\_\_\_\_

Favorite shows: \_\_\_\_\_

Do you read to your child regularly? \_\_\_\_\_

How does your child customarily react when separating from you? \_\_\_\_\_

Two family rules we have are: \_\_\_\_\_

When our child does not do what we expect of him/her we usually (circle all that apply)

Time out      Spank      take away privileges      talk about it

Other (please explain): \_\_\_\_\_

When your child does not get his/her way, he/she will (circle all that apply):

Cry      pout      withdraw      tantrum act aggressively      talk about it

Other (please explain): \_\_\_\_\_

If adopted, what age was your child adopted? \_\_\_\_\_

**Please circle responses:**

There has been a divorce in our family.      Yes / No

My child has contact with the non-custodial parent \_\_\_\_\_ times per month.

There are restrictions with the non-custodial parent of which the school should be aware.      Yes / No

List: \_\_\_\_\_

We have recently moved.      Yes / No      From: \_\_\_\_\_

We have pets in our home.      Yes / No      Please type(s) and Name(s): \_\_\_\_\_

Our family speaks English at home      Yes / No      If another language is spoken, please list:

\_\_\_\_\_